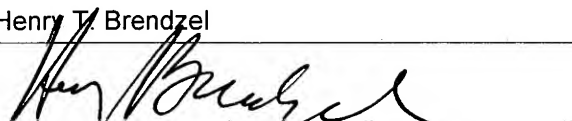
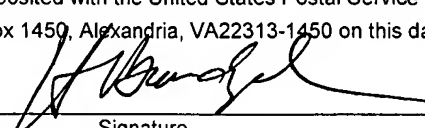
 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>	Complete if Known	
	Application Number	10/086,525
	Filing Date	3/4/2002
	First Named Inventor	Matthew J. Sherman
	Examiner Name	
	Group/Art Unit	2152
Number of pages in this Submission: this page, plus		Attorney Docket ID
		Sherman 2001-0025CIP

ENCLOSURES (check all that apply)		
<p>If Fee Form is <b>not</b> included, but a fee is due, the Commissioner is Authorized to charge Deposit Account No 500732 of <b>Henry T. Brendzel</b>, and consider that appropriate requests have been made.</p> <p><input checked="" type="checkbox"/> <b>ISSUE</b> Fee Form (<input checked="" type="checkbox"/> Check included)</p> <p><input type="checkbox"/> Amendment/Response     <input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p><input type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority document(s)</p> <p><input type="checkbox"/> Response to Missing Parts/Incomplete Application     <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.2 or 1.53</p>	<p><input type="checkbox"/> Declaration (no Missing Parts Notice)</p> <p><input type="checkbox"/> Assignment Papers (for an Application)</p> <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition Routing Slip (TO/SB/69) and Accompanying Petition</p> <p><input type="checkbox"/> To Convert a Provisional Application</p> <p><input checked="" type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address</p> <p><input type="checkbox"/> Express Abandonment</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> To Convert to Statutory Invention Registration</p>	<p><input checked="" type="checkbox"/> Postcard(s)</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> Request for a Refund</p> <p><input type="checkbox"/> After Allowance Communication to group</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Other Auth. To Act in a Representative Capacity</p>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Henry T. Brendzel	
Signature		Date 3/16/06

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as service in an envelop addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA22313-1450 on this date:		
Henry Brendzel		3/16/06
Name of Person Signing	Signature	Date

CERTIFICATE OF FACSIMILE		
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